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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

m.c. nursing services, inc

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621. F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

M.C. NURSING SERVICES,INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8271 SW 29 ST
MIAMI,FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED SHARES OF ONE DOLLAR EACH.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARLOS ORIVE- 8271 SW 29 ST, MIAMI,FL 33155
MARIA NELA CABRERA - 8271 SW 29 ST,MIAMI,FL 33155

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

CARLOS ORIVE- 8271 SW 29 ST, MIAMI,FL 33155

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

CARLOS ORIVE-8271 SW 29 ST,MIAMI,FL 33155

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent — Date: 02/07/07

Signature Incorporator — Date: 02/07/07

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